DECLARATION FOR UTILITY OR DESIGN	Attorney Docket Nur First Named Inventor			
PATENT APPLICATION (37 CFR 1.63)	COMPLETE IF KNOWN			
	Application Number			
Declaration Submitted OR Submitted after Initial with Initial Filling (37 CFR 1.16 (e)) required)	Filing Date			
	Group Art Unit			
	Examiner Name			

As a below named inventor, I h	nereby declare that:					
My residence, mailing address, a		ated helow next to	and pame			
I believe I am the original, first an names are listed below) of the su	nd sole inventor (if only or ubject matter which is cla	one name is listed b aimed and for which	below) or a h a patent	an original, firs t is sought on t	the invention entitle	or (if plural ধকা
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	(Title of	the Invention)				
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I hereby state that I have reviewed	d and understand the co	ontents of the abov	e identifie	d specification	n, including the cla	aime ae
acknowledge the duty to displace	o information which is	re.				
I acknowledge the duty to disclose in-part applications, material inforn PCT international filing date of the	mation which became avec continuation-in-part ap	atenal to patentable vailable between the properties.	lity as dem ne filing da	ined in 37 CFI ate of the prior	R 1.56, including for application and the	or continuation- ne national or
I hereby claim foreign priority ben	nefits under 35 U.S.C. 11	19(a)-(d) or (f), or 3	365(b) of a	any foreign ap	pplication(s) for pa	atent. inventor's
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Number(s)	Country	Foreign Filing D (MM/DD/YYYY		Priority lot Claimed	Certified Cop YES	py Attached?
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below						
Name DAVID FISHER CAROSMART TECHNOCOGIES						
Address 1140 MOLOKAT DRIVE						
city TEGA CAY		State SC	ZIP 29708			
Country USA Tele	phone 803/.	547-3980	Fax × 4078			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) DAVID LANDIS Family Name or Surname FISHER, Jr.						
Inventor's Signature 2 24			Date 4/25/01			
Residence: City TEGA CAY	State SC	Country U.S	Citizenship U.S			
Mailing Address 1140 MocekAI DRIVE						
City TEGA CAY State		ZIP 29708	Country USA			
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsi	igned inventor			
Given Name (first and middle [if any])  Family Name or Surname						
Inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

## **Declaration for Utility Patent**

## Supplemental data sheet

I hereby claim the benefit under 35 U.S.C 119(e) of the United States provisional application listed below:

Application number: 60/202,034 Filing Date: 05/05/2000

DAVID FISHER

Om 2Mm 4/25/01